MARICOPA COMMUNITY COLLEGES | District Financial Aid Operations

2411 West 14th Street, Tempe, AZ. 85281 • T: 480.784.0700 • www.maricopa.edu

2019-2020 Federal Student Aid
Identity and Statement of Educational Purpose

ISOEP
V4, V5

Student Information

Last Name	First Name	MI	Social Security Number	Student ID Number
			XXX-XX-	

Maricopa Email Address	Phone Number with Area Code
@maricopa.edu	

To Be Completed and Signed at the Institution

You (the student) must appear in person at the institution you plan to attend to verify your identity as follows:

1. You must sign, in the presence of an Institutionally-Authorized Staff Member at the institution, the Statement of Educational Purpose (in English or Spanish) provided below; **and**
2. You must present an unexpired valid government-issued photo identification (ID), such as but not limited to a driver's license, other state-issued ID, or passport. The institution will maintain a copy of your photo ID that is annotated by the college or skill center, with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review your ID.

Statement of Educational Purpose

I certify that I, _____, am the individual signing this *Statement of Educational Purpose* and that the
(Print Student's Name)
Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending
A Maricopa Community College or Skill Center for 2019- 2020.
(Name of Postsecondary Educational Institution)

_____ _____
(Student's Signature) (Date)

_____
(Student's ID Number)

Declaración de Propósito Educativo

Certifico que yo, _____, soy el individuo que firma esta *Declaración de Propósito Educativa* y que la
[Imprimir Nombre del Estudiante]
ayuda financiera federal estudiantil que yo pueda recibir, sólo será utilizada para fines educativos y para pagar el costo de asistir a
Cualquiera de Los Colegios Comunitarios de Maricopa o Skill Centers para 2019–2020.
[Imprimir Nombre de Institución Educativa Postsecundaria]

_____ _____
[Firma del Estudiante] [La Fecha]

_____
[Número de Identificación del Estudiante]

For Official Use only to be completed by an Institutionally Authorized Staff Member at the institution. Make a copy of the student's photo ID on the back of this form before completing and initialing below.

I certify that on this date _____, this Statement of Educational Purpose was signed before me and I obtained a copy of this
(Date Received)
student's valid unexpired government-issued photo Identification (ID).

_____
(Print Name of Institutionally-Authorized Staff) (Staff Initials)

Non-Discrimination Statement

The Maricopa County Community College District (MCCCD) is an EEO / AA institution and an equal opportunity employer of protected veterans and individuals with disabilities. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, age, or national origin. A lack of English language skills will not be a barrier to admission and participation in the career and technical education programs of the District.

The Maricopa County Community College District does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs or activities. For Title IX / 504 concerns, call the following number to reach the appointed coordinator: (480) 731-8499. For additional information, as well as a listing of all coordinators within the Maricopa College system, visit http://www.maricopa.edu/non-discrimination.

Last Name	First Name	Student ID Number

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To Be Signed with a Notary *(ONLY complete if unable to appear in person at the institution)*

If you (the student) are unable to appear in person at the institution you plan to attend, then you must verify your identity as follows:

1. You must submit the ORIGINAL notarized Statement of Educational Purpose (in English or Spanish) provided below. This document must be provided by postal mail only (a faxed or emailed Statement is NOT acceptable, and will NOT be processed); **and**
2. You must submit a copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below, or that is presented to a notary, such as, but not limited to a driver's license, other state-issued ID, or passport.

Statement of Educational Purpose

I certify that I, _____, am the individual signing this *Statement of Educational Purpose* and that the
(Print Student's Name)
Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending
A Maricopa Community College or Skill Center for 2019-2020.
(Name of Postsecondary Educational Institution)

_____ _____
(Student's Signature) (Date)

_____
(Student's ID Number)

Declaración de Propósito Educativo

Certifico que yo, _____, soy el individuo que firma esta *Declaración de Propósito Educativa* y que la
[Imprimir Nombre del Estudiante]
ayuda financiera federal estudiantil que yo pueda recibir, sólo será utilizada para fines educativos y para pagar el costo de asistir a
Cualquiera de Los Colegios Comunitarios de Maricopa o Skill Centers para 2019–2020.
[Imprimir Nombre de Institución Educativa Postsecundaria]

_____ _____
[Firma del Estudiante] [La Fecha]

_____
[Número de Identificación del Estudiante]

Notary's Certificate of Acknowledgement

State of _____, City/County of _____
On _____, before me, _____, personally appeared _____,
(Date) (Notary's name) (Printed name of signer)
and proved to me on basis of satisfactory evidence of identification _____ to be the
(Type of unexpired government-issued photo ID provided)
above-named person who signed the foregoing instrument. **WITNESS my hand and official seal**

(seal)

_____ My commission expires on _____
(Notary signature) (Date)

For Official Use only to be completed by an Institutionally Authorized Staff Member at the institution. Review the student's Statement of Educational Purpose and photo ID before completing and initialing below.

I certify that on this date _____, I obtained the ORIGINAL notarized Statement of Educational Purpose along with a copy of
(Date Received)
this student's valid unexpired government-issued photo Identification (ID).

_____
(Print Name of Institutionally-Authorized Staff) (Staff Initials)

Non-Discrimination Statement

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